



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS & ENERGY
DIVISION OF MINERAL MINING
P. O. Box 3727
Charlottesville, VA 22903
(434) 951-6310

BLASTING COMPLAINT INVESTIGATION

I. Complaint No. _____ Permit No. _____
Company Name _____
Address _____
Location of Mine _____
County _____ Date/Time Registered _____
Complainant _____
Address _____
Telephone: (Home) _____ (Work) _____
Nature of Complaint _____
Date of Blast Resulting in Complaint _____
Distance in Feet from Blast _____
Operating Official Contacted _____ Date/Time _____
Cert. Foreman's No. _____ Cert. Blaster's No. _____
Operating Official Comment: _____

II. **Blasting Record Information**

Dates	# Holes	Diam.	Depth	Stem	lbs./Delay	Total lbs.	Vibr.	Air Bls.
Complaint								
Monitor-#1								
Monitor-#2								
Monitor-#3								

*Denotes Blast Observed/Monitored by Mine Inspector

III. **State Blasting Regulations**
Ground Vibration Limits _____ In. Per Second Air Blast Limits _____ dBs.
Other _____

IV. **Enforcement Action Taken?** () Yes () No If yes, see attached Violation Sheet.

V. **Complainant Notified of Action Taken:** () Yes () No

VI. **Comments/Recommendations** _____

Date _____ Inspector _____ Hours _____